

Dashed

Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

0623

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

40

OF DEATH
AND
RESIDENCE

1. PLACE OF DEATH

A. COUNTY **Maricopa**

B. LENGTH OF STAY

IN THIS TOWN **15 yrs.** IN ARIZONA **15 yrs.**

2. USUAL RESIDENCE

A. STATE **Arizona**(WHERE DECEASED LIVED.
IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
B. COUNTY **Maricopa**C. CITY
OR
TOWN **Phoenix**☐ IN CITY LIMITS
☒ OUTSIDE CITY LIMITSC. CITY
OR
TOWN **Phoenix**☐ IN CITY LIMITS
☒ OUTSIDE CITY LIMITSD. FULL NAME OF
HOSPITAL OR
INSTITUTION **41st Place SE of Bell Rd.**D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM?
ADDRESS **Rt. 2 Box 979** YES ☐ NO ☐3. NAME OF
DECEASED
(TYPE OR PRINT)A. (FIRST) **MARY** B. (MIDDLE) **A.** C. (LAST) **FERRELL**4. SEX **F** 5. COLOR OR RACE **W**6A. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (SPECIFY)
Widowed

6B. NAME OF SPOUSE

None7. DATE OF BIRTH
MONTH DAY YEAR
Feb. 28 18808. AGE (IN YEARS
LAST BIRTHDAY) **79**IF UNDER 1 YEAR
MONTHS DATEIF UNDER 24 HRS.
HOURS MIN.9A. USUAL OCCUPATION (GIVE KIND OF
WORK DURING MOST OF LIFE EVEN IF RETIRED)
House wife9B. KIND OF BUSI-
NESS OR INDUSTRY
At home10. BIRTHPLACE (STATE
OR FOREIGN COUNTRY)
New York11. CITIZEN OF WHAT
COUNTRY?
U.S.A.12. WAS DECEASED EVER IN U. S. ARMED FORCES?
(YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
Unk.13. SOCIAL SECURITY
NO.
Unk.

14A. FATHER'S NAME

Unk.14B. BIRTHPLACE
(STATE OR COUNTRY)
Unk.

15A. MOTHER'S MAIDEN NAME

Unk.15B. BIRTHPLACE
(STATE OR COUNTRY)
Unk.

16. INFORMANT'S SIGNATURE

Mrs. Geprge Kintzer, (dau)

ADDRESS

Same17. DATE
OF
DEATH(MONTH) **JANUARY**(DAY) **3rd,**(YEAR) **1960**

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER
LINE FOR (A), (B), (C).THIS DOES NOT MEAN THE
MODE OF DYING, SUCH AS
HEART FAILURE, ARTERIAL,
ETC. IT MEANS THE DISEASE,
INJURY, OR COMPLICATION
WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATHANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE
CAUSE (A) STATING THE UN-
DERLYING CAUSE LAST.II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

(A) **Hypertensive arteriosclerosis
heart disease**
DUE TO (B) _____
DUE TO (C) _____INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM EXAMINATION OF THE DECEASED. ON **1-4-60** THAT I LAST SAW THE DECEASED21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM EXAMINATION OF THE DECEASED. ON **1-4-60** THAT I LAST SAW THE DECEASED22A. SIGNATURE **[Signature]** 22B. ADDRESS **Phoenix, Arizona** 22C. DATE SIGNED **1-4-60**23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE **App. Natural Causes** 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 23C. (CITY OR TOWN) (COUNTY) (STATE)23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY **M** 23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 23F. HOW DID INJURY OCCUR?24A. CORONER'S SIGNATURE **[Signature]** 24B. ADDRESS **N. East Phoenix, Arizona** 24C. DATE SIGNED **Jan. 4, 1960**25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐ 25B. DATE **Jan. 6, 1960** 25C. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Phoenix, Arizona**26A. DATE REC. BY LOCAL REG. **1/5/60** 26B. REGISTRAR'S SIGNATURE **[Signature]** 27A. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** 27B. ADDRESS **333 W. Adams St.**28A. EMBALMER'S SIGNATURE **[Signature]** 28B. EMBALMER'S CERT. NO. **326**

FORM VS-2 REV. 3-15-55 25M AMFCO 26392